## FEE TRANSMITTAL

### Electronic Version v08

# Stylesheet Version v08.0

Title of Invention

MULTICHANNEL CONTACTLESS POWER TRANSFER SYSTEM FOR A COMPUTED TOMOGRAPHY SYSTEM

Application Number:

Date:

First Named Applicant: Jason Stuart Katcha

Attorney Docket Number: 145806-1

# **TOTAL FEE AUTHORIZED \$ 882**

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as large entity

#### BASIC FILING FEE

| Fee Description                      | Fee Code | Amount \$ | Fee Paid \$ |  |  |  |  |
|--------------------------------------|----------|-----------|-------------|--|--|--|--|
| Utility Filing Fee                   | 1001     | 770       | 770         |  |  |  |  |
| Subtotal For Basic Filing Fees: \$ 7 |          |           |             |  |  |  |  |

## EXTRA CLAIM FEES

| Fee Description        | Extra Claim        | Fee Code           | Amount \$ | Fee Paid \$ |
|------------------------|--------------------|--------------------|-----------|-------------|
| Total Claims : 24      | 4                  | 1202               | 18        | 72          |
| Independent Claims : 3 | 0                  | 1201               | 86        | 0           |
|                        | Subtotal For Extra | Claims Fees: \$ 72 |           |             |

#### ASSIGNMENT FEES

|   | Fee Description                   | Property Number | Quantity | Fee Code | Amount \$ | Fee Paid \$ |
|---|-----------------------------------|-----------------|----------|----------|-----------|-------------|
|   | Recording Each Patent             | 00000000        | 1        | 8021     | 40        | 40          |
|   | Assignment Per Property Fee       |                 |          |          |           |             |
| 1 | Subtotal For Additional Fees: \$4 |                 |          |          |           |             |

#### AUTHORIZED BILLING INFORMATION

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit account number: 070845

Deposit name: GE Medical Global Technologies Inc.

Deposit authorized name: Sean F. Sullivan

Signature: SFS

Date (YYYYMMDD): 2004-04-01

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.